

Case Number:	CM13-0031354		
Date Assigned:	12/04/2013	Date of Injury:	03/25/2013
Decision Date:	04/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of March 25, 2013. A utilization review determination dated September 12, 2013 recommends non-certification of repeat thoracic spine MRI. The thoracic MRI is non-certified due to lack of documentation of nerve compromise and failed conservative treatment. A prescription dated June 4, 2013 requested a thoracic spine MRI. A progress report dated August 27, 2013 includes subjective complaints of pain in the neck, right shoulder, and upper extremity. Physical examination findings identify tenderness in the thoracic spine at the T6, T7, and T8 paraspinal area. Diagnoses include cervical spine disc bulge, cervical spine radiculitis, and right shoulder impingement rule out rotator cuff tear. The treatment plan recommends pain management consultation, orthopedic consultation, physical therapy, and MRI arthrogram of the right shoulder. A progress report dated May 21, 2013 identifies subjective complaints including pain radiating from the neck to the head and upper back and down into the right shoulder and arm. No physical examination of the thoracic spine is included. Diagnoses include cervical spine sprain/strain with radiculitis and right shoulder impingement. The treatment plan requests authorization for an MRI of the cervical spine and for orthopedic consultation for the right shoulder. A report dated August 7, 2013 indicates that an MRI of the thoracic spine was performed on July 11, 2013 identifying anterior extra dural defect measuring 1 to 2 mm at T1-2 and 2 to 3 mm at T8-9. A progress report dated July 2, 2013 identifies subjective complaints of shoulder pain, neck pain, low back pain, and weakness in the right upper extremity. Objective examination findings identify tenderness in the thoracic spine at the T6, T7, and T8 paraspinal muscle area. Diagnoses include thoracic spine radiculitis. The treatment plan recommends an MRI of the cervical and thoracic spine. The note also indicates that the patient is not had conservative therapy in some time and the requesting physician would like a trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A repeat MRI for the thoracic spine provided on 7/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs.

Decision rationale: Regarding the request for thoracic MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any subjective complaints or objective findings that identify specific thoracic nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient has responded to conservative treatment intended to address her thoracic spine complaints. In the absence of clarity regarding those issues, the currently requested thoracic MRI is not medically necessary.